

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

☒ Initial

☐ Amendment

(Explain) _____

Date Stamp

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CITY OF TORRANCE
CITY CLERK'S OFFICE

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Paulson, Clint A.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Torrance

CA

90503

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

City Council member

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State

(Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

01/31/2014
(month, day, year)

Signature

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772